

**2020**

**Wage and Tax Statement**

**W-2**

**Important: Attach this schedule to the back of your original or amended Form 540, 540 2EZ, or 540NR.**

**Caution:** If this schedule is filled out, **do not** send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. **DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

\*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

**W-2 Information**

a. Employee's social security number\*

b. Employer identification number (EIN)

c. Employer's name

Employer's address

City   State   ZIP code

e. Employee's first name\*   Initial\*   Last name\*   Suffix\*

f. Employee's address\*

City\*   State\*   ZIP code\*

1. <input type="radio"/> Wages, tips, other compensation <input type="text"/>	4. <input type="radio"/> Social security tax withheld <input type="text"/>	8. <input type="radio"/> Allocated tips (not included in box 1) <input type="text"/>
2. <input type="radio"/> Federal income tax withheld <input type="text"/>	6. <input type="radio"/> Medicare tax withheld <input type="text"/>	10. <input type="radio"/> Dependent care benefits <input type="text"/>
3. <input type="radio"/> Social security wages <input type="text"/>	7. <input type="radio"/> Social security tips <input type="text"/>	11. <input type="radio"/> Nonqualified plans <input type="text"/>

12. Codes and amounts

12a. <input type="radio"/> Code <input type="text"/> Amount <input type="text"/>	12c. <input type="radio"/> Code <input type="text"/> Amount <input type="text"/>
12b. <input type="radio"/> Code <input type="text"/> Amount <input type="text"/>	12d. <input type="radio"/> Code <input type="text"/> Amount <input type="text"/>

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

Statutory employee        Retirement plan        Third-party sick pay

14. SDI, VPDI, or CA SDI (from box 14 or 19)

Type <input type="radio"/> <input type="text"/>	Amount <input type="radio"/> <input type="text"/>	16. State wages, tips, etc. <input type="radio"/> <input type="text"/>
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15. State and employer's state ID number

State <input type="radio"/> <input type="text"/>	Employer's state ID number <input type="radio"/> <input type="text"/>	17. State income tax <input type="radio"/> <input type="text"/>
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